PTO/SB/06 (12-04) Approved for use through 7/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 EHCD18715CPA APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY (Column 1) (Column 2) SMALL ENTITY NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$1 FEE (S) N/A N/Α (37 CFR 1.16(a), (b), or (c)) N/A SEARCH FEE NVA NA (37 CFR 1.16(N), (i), or (m)) N/Α **EXAMINATION FEE** N/A N/A (37 CFR 1.16(o), (p), or (q)) N/A (37 CFR 1.16(i)) minus 20 = OR х INDEPENDENT CLAIMS (37 CFR 1.18(H)) minus 3 = × • If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) N/A N/A " If the difference in column 1 is tess than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN ÓR (Column 1) (Column 2) (Calumn 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (S) RATE (S) ADDI-AFTER EXTRA TIONAL TIONAL AMENDMENT PAID FOR FEE (\$) FEE (3) Total G7 CFB 1.16(t) Minus 16 66 MENDA CR Minus Independent (37 CFR 1.18(h)) 3 0 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) N/A N/A TOTAL TOTAL ADD'L FEE OR ADD'U FFF (Calumn 1) (Column 2) (Calumn 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT ω RATE (5) ADDI-RATE (\$) ADDI-**AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE (\$) FEE (S) Total (27 CFR 1.18(1) Minus OR 9 Independent G7 CFR 1.16(h)) Minus x QR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) N/A ÓR N/A TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "U" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Texternark Office, U.S. Department of Commerce, P.O. Box 1450, Aboxandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.